



*Diners Club  
International*



For Organization's Coordinator Use  
Summary Account Number

**Diner's Club Corporate  
Card Application  
Individual Billing for LANL**

**Instructions:**

Please type or print all information requested in the Applicant Information Section, then date, print, & sign the form before sending it to MS - P234. Thank You. Any Questions, call 7-0182

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**Applicant Information**

**Name (First - Middle - Last)**

**Home Address**

Street:

Street:

City:

State:

ZIP:

**Telephone (incl. Area Code)**

Work:

Home:

**Billing Address (if different from Home Address)**

Street:

Street:

City:

State:

ZIP:

**Social Security Number:**

**Date of Birth (MMDDYY):**

**Mother's Maiden Name:**

**Applicant's Position/Title:**

**Applicant's Diner's Club Experience:**

Present Cardmember

Former Cardmember

Account Number:

**Applicant Signature**

Applicant requests that he/she be issued a Diners Club Corporate Card and authorizes his/her Organization to exchange salary information concerning the Applicant with Citibank (South Dakota), N.A. and its service provider, Citicorp Diners Club Inc. (collectively Diners Club). Applicant also authorizes Diners Club to obtain credit information concerning Applicant and to inform his/her Organization whether a Diners Club Card was issued. In consideration of the issuance to and use of the Diners Club Card by Applicant, the Applicant agrees to assume liability in accordance with the applicable Diners Club Corporate Card Program Card Account Agreement for all charges incurred by use of the Diners Club Card issued to Applicant.

**Applicant Signature**

**Date**

**Manager/Supervisor Signature**

**Date**

X

X

**Organization Information and Authorization**

**Name of Organization Requesting Issuance of Card:**

Los Alamos National Laboratory

**Address of Organization: Street:**

POBOX 1663 Mail Stop P234

**City - State- Zip Code:**

Los Alamos, NM 87545

**Management Information (completed by Program Administrator)**

Field 1

Field 2

Field 3

**Field 4 (Z Number)**

Field 5

**Authorization Signature**

**Date**

**Processed by**

X